

DRAFT Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): _____

Fiscal Year: _____

Type of Funding: _____

Date: _____

Focus Population: _____

Page ____ of ____

Program: _____

New Program or Expansion: _____

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures				
a. Current Positions to Provide Existing Services				
i. Number of FTEs				0.0
ii. Salaries, Wages and Overtime				\$0
iii. Bi-Lingual Pay Supplement				\$0
iv. Employee Benefits				<u>\$0</u>
v. Total	\$0	\$0	\$0	\$0
b. Redirected Positions to Provide MHSA Services				
i. Number of FTEs				0.0
ii. Salaries, Wages and Overtime				\$0
iii. Bi-Lingual Pay Supplement				\$0
iv. Employee Benefits				<u>\$0</u>
v. Total	\$0	\$0	\$0	\$0
c. New Positions to Provide MHSA Services				
i. Number of FTEs				0.0
ii. Salaries, Wages and Overtime				\$0
iii. Bi-Lingual Pay Supplement				\$0
iv. Employee Benefits				<u>\$0</u>
v. Total	\$0	\$0	\$0	\$0
d. Consumer/Family Positions				
i. Number of FTEs				0.0
ii. Total Salaries, Wages and Benefits				<u>\$0</u>
e. Total Personnel Expenditures	\$0	\$0	\$0	\$0
2. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Other Operating Expenses				<u>\$0</u>
g. Total Operating Expenditures	\$0	\$0	\$0	\$0
3. Support Expenditures				
a. Clothing				\$0
b. Food				\$0
c. Travel and Transportation				\$0
d. Housing - Master Leases				\$0
e. Housing - Subsidies				\$0
f. Housing - Motel Vouchers				\$0
g. Housing - Other				\$0
h. Other Vouchers				\$0
i. Other Support Expenditures				<u>\$0</u>
j. Total Support Expenditures	\$0	\$0	\$0	\$0
4. Total Proposed Direct Expenditures	\$0	\$0	\$0	\$0
5. Administration Expenditures				
a. Existing Administration				\$0
b. New Administration				<u>\$0</u>
c. Total Administration Expenditures	\$0			\$0
6. Total Proposed Budget	\$0	\$0	\$0	\$0
7. Estimated Number of Participants to be Enrolled or Served				
a. Existing Participants				0
b. New Participants				<u>0</u>
c. Total Participants to be Enrolled or Served	0	0	0	0
8. Proposed Budget per Member per Month	\$0.00	\$0.00	\$0.00	\$0.00

DRAFT Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): _____

Fiscal Year: _____

Type of Funding: _____

Date: _____

Focus Population: _____

Page ____ of ____

Program: _____

New Program or Expansion: _____

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
B. Revenues				
1. Existing Revenues				
a. Medi-Cal				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. Start-up and One-Time Implementation Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$0	\$0